

Polio



Echo

**Durable Equipment Loan Program
Application
P.O.Box 61024 Phoenix, AZ 85082-1024**

Name: _____ Date: _____

Address: _____, AZ Zip: _____

Telephone: (_____) _____ - _____ or (_____) _____ - _____

Polio History: (Year & Hospital): _____

Current Physical Condition (polio related and other): _____

Equipment needed: _____

Reason why equipment is needed: _____

Name of doctor recommending / prescribing the equipment: _____

Insurance Company denying coverage for equipment: _____

Signature: _____